

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
 Substitute for Form PTO-1360
 (For use with Form PTO/SB/06)

Application Number

101580/352

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1				
3		2		1		
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Total Indep	1		1			
Total Depend	7		4			
Total Claims	8		5			

* May be used for additional claims or amendments

51		Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims							

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